

Inspections Department For _____ (county/Town)

CERTIFICATE OF FINAL INSPECTION AND RELEASE FOR NATURAL GAS

Permit Number: _____

Date of Final Inspection: _____

Property Owner: _____

Location/Address: _____

Contractor: _____

Type Service Required:

Residential _____
Commercial _____
Industrial _____

Permanent _____
Temporary _____

Inspector for Natural Gas Service

**Upon Completion please fax to Piedmont Natural Gas at our Elizabeth City
office 252-264-4010.**